

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 06/09/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 72146-22-WP on date of service 07/09/02.

II. RATIONALE

The requestor billed \$1,200.00 for CPT code 72146-22-WP. The respondent paid \$658.40 with the reason for reduction "1-This contracted provider has agreed to reduce this charge below fee schedule or usual and customary charges for your business...and 2-The charge for this procedure exceeds the fee schedule or usual and customary".

Rule 133.1 (a)(8)(c) states "Fair and reasonable reimbursement - Reimbursement that meets the standards set out in §413.011 of the Texas Labor Code, and the lesser of a health care provider's usual and customary charge, or

(A) the maximum allowable reimbursement, when one has been established in an applicable Commission fee guideline,

(B) the determination of a payment amount for medical treatment(s) and/or service(s) for which the Commission has established no maximum allowable reimbursement amount, or

(C) a negotiated contract amount.

The requestor provided a copy of the payment contract between both parties. It states "For claims covered under Workers Compensation, contract rate shall be 80% of the official fee schedule as established by the Texas Workers Compensation Commission". The 1996 Medical Fee Guideline Radiology/Nuclear Medicine Ground Rules and CPT code descriptor list the maximum allowable reimbursement rate for 72146-22-WP at \$924.00. Additional reimbursement in the amount of \$80.80 ($\$924.00 \times 80\% - \658.40) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$80.80**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$80.80** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 26th day of March 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/lc